COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Datestime Stamp

THE SENATE

17 MAR 13 AM 11: 05

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Eugene Preston Rutledge Name of Traveler:	
Finance Employing Office/Committee:	
LISA Private Sponsor(s) (List all):	
January 29-30, 2017 Travel Date(s):	<u> </u>
Amended RE-2 Form Description/Title of Attached Forms:	
Post-travel submit Purpose of Amendment (describe the reason for amending original submission):	ssion
must be amended with the Office of Public Records in SH-232.	
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× 3-13-17

Signature of Traveler

Employee Post-Travel Disclosure of Travel Expenses

Date/Time_Stamp: REPARTARY OF THE SENATE

Post-Travel Filing Instructions: Complete this form within 30 days of returning from 17 MAR 13 AM 11:05 ravel. Submit all forms to the Office of Public Records in 232 Hart Building. n compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached: ☑ The <u>original</u> Employee Pre-Travel Authorization (Form RE-1), AND A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.) rivate Sponsor(s) (list all): Life Insurance Settlement Association (LISA) ravel date(s): 01/29/2017 - 01/30/2017 Jame of accompanying family member (if any): N/A Lelationship to Traveler:

Spouse THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY NCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) xpenses for Employee: Transportation Lodging Expenses Meal Expenses Other Expenses Expenses (Amount & Description) ☐ Good Faith \$236.00 \$196.28 \$41.00 N/A Estimate Actual Amount xpenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Lodging Expenses Meal Expenses Other Expenses Expenses (Amount & Description) ☐ Good Faith N/A N/A N/A N/A Estimate ☐ Actual Amount Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):
Keynote address, provided by myself, to discuss tax, retirement, and financial/insurance-related ssues before a widely-attended audience of financial and insurance professionals. (Signature of traveler)

TO:BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

nave made a determination that the expenses set out above in commentions with travel described in the Employee Pre-Travel uthorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Date)

(Signature of Supervising Senator/Officer)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

SPERMITARY OF THE SENATE

17 FEB 27 PH 2:49

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

☑ The original Employee Pre-Travel Authorization (Form RE-1), AND

A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)	
'rivate Sponsor(s) (list all): Life Insurance Settlement Association	
Fravel date(s): January 29 - January 30, 2017	
Name of accompanying family member (if any): None Relationship to Traveler: Spouse Child	
TE THE COST OF LODGING DID NOT INCDEASE OHE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ON	JL Y

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

Expenses for Employ	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☑ Good Faith Estimate	\$250.00	\$220.00	\$50.00	None
☑ Actual Amount	\$236.00	\$196.28	\$41.00	None

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				
☐ Actual Amount				

Provide a description	on of all meetings and events attended. See Senate Rule 35 notal Life Settlement Institutional Investor Confe	5.2(c)(6). (Attach additional pages if
necessary.): 7th Ar	nnual Life Settlement Institutional Investor Confe	erence
(C)		
<u> </u>		
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		Thirth lade
2-17-17	Eugene Preston Rutledge (Printed name of traveler)	7000
(Date)	(Printed name of traveler)	(Signature of traveler)
©		
JOORE COMPLET	'ED BY SUPERVISING MEMBER/OFFICER:	

Thave made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

2-27-18 (Date)

(Signature of Supervising Senator/Officer)